

IN The United States District Court  
for The middle District of Alabama  
Northern Division

JIMMY FRANK CAMERON NOV 16 A 10:37

Plaintiff

ROBERT H. JACKSON  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

V.

CASE NO. 206-CV-1115-MHT

Richard Allen A. AL

Motion To Leave To ANSWER  
Motion To Dismiss Defendant  
Richard Allen

Come now Jimmy F Cameron in the Above style cause and does Ask this Honorable court. To let him ANSWER this complaint as follows To Dismiss Richard Allen as a Defendant and sue Doctor Siddig in his Personal Capacity. Since the Prison Commissioner is not Responsible for Doctor Siddig Personal Actions Plaintiff Has Learned That Prison Health Service no longer Handle The Dept of Corr. medical Service That it is now handle by C.M.S. who filed for Bank Ruptcy in 2001 (Correctional Medical Service) Plaintiff says That Doctor Siddig Did every Thing on his own Capacity. Individually, Doctor Siddig never intended for Plaintiff To get The medical Attention That WAS needed for his Ailments. Plaintiff Ask this Honorable court To let him Dismiss Commissioner Allen AND SUE

Doctor Siddig in his personal Capacity and C.M.S who  
has Taken over for P.H.S see Exhibit Y. are as this  
court see fit

Jimmy F Cameron  
Plaintiff

### Certificate of Service

Come now Jimmy F. Cameron and does say that A  
copy of the foregoing was served on the Attorneys  
for the Defendant by placing a copy in the US MAIL  
properly Addressed this 14<sup>th</sup> Day of November 2007

executed on 11-14-07

Jimmy F Cameron  
Plaintiff

\_\_\_\_\_

Time Received: \_\_\_\_\_

**SIGNATURE**

**DO NOT WRITE BELOW THIS AREA**

## HEALTH CARE DOCUMENTATION

Exhibit Y

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

3-(HEALTH SERVICES REQUEST FORM)

**SÓLO PARA USO MÉDICO**

Fecha Recibido \_\_\_\_\_

Hora Recibido \_\_\_\_\_

**CORRECTIONAL MEDICAL SERVICES  
FORMULARIO DE SOLICITUD PARA SERVICIOS DE SALUD**

Escriba su Nombre: \_\_\_\_\_ Fecha de Solicitud \_\_\_\_\_  
(En imprenta/ letra de molde)

Número de ID \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Ubicación de la Unidad de Vivienda \_\_\_\_\_

Tipo del problema o solicitud: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doy mi consentimiento para ser tratado por el personal del cuidado de la salud para la condición o enfermedad descrita.

\_\_\_\_\_  
FIRMA

**COLOQUE ESTA PAPELETA EN LA CAJA DE SOLICITUD PARA ATENCIÓN MÉDICA O EN EL ÁREA  
DESIGNADA - NO ESCRIBA POR DEBAJO DE ESTA PARTE**

**Examinado por:** \_\_\_\_\_ **Referido a: (Ponga en círculo UNO de los siguientes)**  
NSC    Medio nivel SC    Médico SC    MH    Dental  
Otro: \_\_\_\_\_

**DOCUMENTACIÓN DEL CUIDADO DE LA SALUD**

Subjetivo:

Objetivo: BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ Wt \_\_\_\_\_

Evaluación:

Plan:

Información para el preso explicada y entregada al paciente.

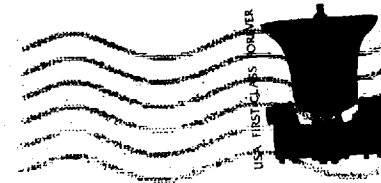
Refiera a: (Ponga un círculo al aplicable)    Medio Nivel    Médico    MH    Dental    Otro: \_\_\_\_\_

Firma y Título: \_\_\_\_\_ Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_

Jimmy Frank Cameron AIS105591  
ADOC DRAPER B-2-17-A  
Draper Correctional Facility  
P O Box 1107  
Elmore, AL 36025

MONTGOMERY AL 361

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LEGAL MAIL

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United States District Court

P.O. Box. 711

Montgomery, ALA

36101-0711

